

CONCEPT OF LEUCHORRHEA (SAILANUR REHM) IN UNANI MEDICINE: A REVIEW

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ABSTARCT

Leucorrhoea (*Sailanur Rehm*) is an abnormal vaginal discharge often associated with irritation and is non-hemorrhagic in nature. The discharge may be white, yellow or greenish in colour. It is a symptom of underlying pelvic pathology. It is considered that changes in the vaginal epithelium; changes in the normal bacterial flora and pH of the vaginal secretion predispose to leucorrhoea. It is likely due to extreme fatigue, not performing healthy lifestyle (eating disorder, never exercise, sleeplessness), dirty environmental sanitation, during pregnancy, before and after normal menstrual cycle, a marker of poverty and low social integration. Widespread use of antibiotics and oral contraceptives will disturb the vaginal flora and increase the risk of infection. In addition to this tight fitting clothes which keeps the

perineum warm and moist. This is also associated with various adverse reproductive health outcomes. It is important to distinguish leucorrhea from pathologic discharge.

KEYWORDS: *Sailanur Rehm*, *Quwat-e-ghaziya*, Unani medicine, *Fuzlaat*.

INTRODUCTION

Sailanur-Rehm (Leuchorrhoea) is one of the most common causes to referral to gynaecologic clinics.^[1] Physiological increase in the vaginal secretion occurs due to increase in conditions, when the oestrogen levels become high during the puberty, at the time of ovulation, during pregnancy, during pre menstrual phase, during sexual excitement.^[2] Pathological discharge is

defined caused by trichomoniasis, moniliasis, bacterial vaginosis or gonococcal cervicitis. Non pathological leucorrhoea occurs due to local causes like mucus polyp, cervical erosion, ectropion, pregnancy, acquired retroversion, prolapsed congested ovaries, chronic PID and even chronic constipation.^[3] Infections of vaginal mucosa by *Trichomonas vaginalis* and *Candida* are the most as the excess of normal which may be leucorrhoea or due to infection like vulvovaginitis common cause of leucorrhoea. These are treatable as well as preventable causes as both these infections are transmitted sexually. Although, 25% of both infection are asymptomatic.^[2, 3]

“*Sailanur-Rehm*” (Leucorrhoea) means excessive uterine discharge. The Unani scholars have described *Sailanur-Rehm* and its treatment in various Unani classical literatures like *Kamil al Sana’a*, *Al Hawi*, *Firdaus al Hikmat* and *Tibb-e-Akbar* etc. According to them, disease is due to poor *quwat-e-ghaziya* (nutritive faculty) of the *rehm* (uterus) that causes accumulation of *fuzlaat* (waste materials).^[4]

Different views of ancient Physician

1. In the age of *Buqrat* (Hippocrates), the concept of *Sailanur Rehm* is referred as the flowing away of the seeds of women. Aristotle said that distinguishing *Suzak* (Gonorrhoea) from *Sailanur Rehm* in female is difficult. *Jalenoos* (130-200 AD) said that *Sailanur Rehm* gave rise to *Suzak* (Gonorrhoea).^[5]
2. According to *Ibn Sina* (980-1037 AD) uterus contains excessive waste products, and occurrence of *Ufunat* (infection) in it leads to weakening of *Quwat-e-Hazema* (digestive faculty) of uterine vessels results in *Sailanur Rehm*.^[6]
3. *Al Razi* (850-925 AD) stated sometime excessive body fluid is evacuated as *Sailanur Rehm*. There will be foul smell discharge, in case of infection of uterus.^[7]
4. *Majoosi* mentioned that *Sailanur Rehm* means a discharge from the uterus. This discharge is secreted directly by the uterus due to the weakness of *Quwat-e-Jazeba*. Sometimes the waste of the body passed out through the uterus. The wastes of the body (*fuzlaat*) are diverted towards the uterus in order to eliminate them by natural means (*istefragh*). It is the cleaning of body, the type of waste can be determined on the basis of its color.^[8]
5. *Ibn Hubal* mentioned that discharge in *Sailanur Rehm* is an excretory waste of the uterus. Discharge is usually *Balghami*, viscous and sometimes watery.^[9]

6. *Akbar Arzani* stated that *Sailanur Rahem* is a continuous discharge from the uterus due to the *zoaf-e-Quwat-e-Ghazia* of *Rehm* (poor nutritional faculty of uterus). This discharge is balgham, safra, or sauda.^[10]

7. *Jurjani Ismail* described that in *Sailanur Rehm*, *rutubat-e-ufun* (infective discharge) flows out.^[11]

8. *Mohammad Azam Khan* has described the disease in his famous book '*Akseer Azam*. According to humoral theory, *Sailanur Rehm* is caused by the excess of humours with discharge colours reddish, yellowish, whitish or blackish depending on the humors.^[4,12] He stated that *Sailanur Rehm* is caused by *Zoaf-e-Quwat-e-Ghazia* of *Rehm* or presence of excessive waste products in the body. This excessive waste products of the body are expelled out from the uterus or through the vagina as *istafragh*.^[4]

CLASSIFICATION OF SAILANUR REHM

1. According to the predominance of Humour

a. *Sailanur Rehm Damvi*: Caused by excess of Khilt-e-Dam and the colour of the discharge is reddish.

b. *Sailanur Rehm Balghami*: Caused by excess of Khilt-e-Safra and the colour of discharge is yellowish.

c. *Sailanur Rehm Safravi*: Caused by excess of Khilt-e-Balgham and colour of discharge is whitish.

d. *Sailanur Rehm Saudavi*: Caused by excess of Khilt-e-Sauda and the colour of the discharge is blackish.^[4,10,12,13]

2. According to the site of Rehm involved

a. *Sailane Furji*: Discharge from the outer part of the vagina.

b. *Sailane Mahbali*: Discharge from the inner part of vagina.

c. *Sailane Rehmi*: Discharge from the uterus.

d. *Sailane Unqui* : Discharge from the cervix of uterus.^[14,15]

MUTARADEFAT (Synonyms)

Safaid rutubat ka aana, Sailan abyaz, Parwar Rog, Safaidi, Safaid pallu, Shwet parwar, Catarrh of uterus, White Discharge, Flour Albus, Leucorrhoea.^[14,15,16]

ALAMAT (Clinical features)

Gynaecological Symptoms

✓ Vaginal Discharge: Character of the discharge is *Balgami*, thin or thick viscous, yellowish white and sometime watery.^[9,10,13] The watery discharge with foul and stained may be symptoms of initial stage of cervical carcinoma.^[4,12]

- ✓ Vulval itching
- ✓ Painful menses
- ✓ Lower abdominal pain
- ✓ Local soreness
- ✓ Burning micturition

Aam Alammat (General Symptoms)

According to Unani Physicians inflammation of the uterus is always associated with symptoms in other systems.

- ✓ Low backache
- ✓ Pain in the thighs & calf muscles
- ✓ Increased frequency of urine
- ✓ Constipation
- ✓ Dyspnoea
- ✓ Loss of appetite
- ✓ Indigestion
- ✓ Giddiness
- ✓ Headache
- ✓ Burning sensation in extremities
- ✓ Infertility
- ✓ Malaise
- ✓ General weakness
- ✓ Anaemia
- ✓ Pale, lethargic, and irritable.^[4,9,10,13,14,15,16,17,18]

ASBAAB (Etiology)

Kabiruddin,^[4] Ibn Hubal,^[9] Arzani Akbar,^[10] Al Jurjani,^[11] Azam Khan^[17] Allama Najeebuddin Samarqandi^[19] stated that *Sailanur Rehm* is caused by *zoaf-e-Quwat-e-Ghazia* of *Rehm*, predominance of *Akhlat-e-Arba* and waste material in the body.

Ibn-e-Sina stated that *Ufunat* (infection) in uterus leads to weakening of *Quwat-e-Hazema* (digestive faculty) of *urooq-e-haiz* and predominance of *Akhlat-e-Arba* are responsible for

Sailanur Rehm.^[6]

Razi mentioned that due to *usre viladat* (difficult labour), or due to impure blood and bad or purulent abscess foul smelling *Sailan* occurs.^[7]

According to *Majoosi zoafe Quwat-e-Jazeba*, excess of waste in the body and predominance of *Akhlat-e-Arba* are the causative factors of *Sailanur Rehm*.^[8]

Other causative factors are: Prolapse or displacement of uterus, Sexually transmitted diseases, *Warm-e-rehm*, Early pregnancy, Contraceptives, Generalized weakness, Diabetes and anaemia can provoke infections due to weakened immunity, *Diq* (tuberculosis), *Busoor rehm*, *Qurooh rehm*, Low socioeconomic condition, Excessive intake of cold and moist food, Excessive intercourse, Spread of infection from urinary tract, *kirme Shikm* (worm infestation), *Ahtebase haiz* (amenorrhoea), Inadequate diet, PID, Poor hygienic conditions, Stress and strain, Excessive intake of hot and spicy foods, Infections from bacteria, fungi or parasites – protozoa. *Suzak* (gonorrhoea), *Ateshak* (syphilis), *Wajaul Mufasil* (arthritis), *Niqras* (gout), *Akhlat-e-rehm*, *Bawaseer rehm* etc.^[2,12,15,16,19,20]

PATHOPHYSIOLOGY^[8]

It is based on two important aspects of Unani

1. Humoral theory: Unani medicine, as is well known, based on the *Buqrat* (Hippocratic) humoral theory. This theory supposes the presence of four humors in the body viz: *Dam* (*Har Ratab*), *Safra* (*Har Yabis*), *Balgham* (*Barid Ratab*), *Sauda* (*Barid Yabis*). And the cause of the disease is alteration in the *Kamiyat* (Quantity) of these *akhlat*. The infectious and metabolic diseases depends directly upon the change in equilibrium from humours. *Sailan-ur-Rehm* occurs due to *Khilt-e- haar* (*Dam and Safra*) and *Khilt-e-Barid* (*Balgham and sauda*) stated by humoral theory.^[21]

II. Sue Mizaj: Normal *mizaj* of *rehm* is “*Haar Ratab*” *Haar* because of high metabolic activity and *Ratab mizaj* is because it contains more fluid in comparison to other organs. The *rehm* has also been endowed with *Quwat-e-Ghaziya* (nutritive faculty) and more remarkably, the *Quwat-e-Tanasuliyah* (reproductive faculty). With the help of these two powers, uterus serves two functions.

- ✓ Elimination of waste products of organo-vascular digestion in the form of menstrual blood.
- ✓ Development, protection and delivery of fetus.

In classical unani literature, *Sailan-ur-Rehm* is attributed to *sue mizaj*. When *sue mizaj* inflicts any organ, it results in certain changes in the *Quwat-e-Ghaziya* (Nutritive faculty) of the uterus and these aberrant changes leads to derangement in the normal functioning of intrinsic faculties which manifests in the emergence of diseases. *Quwat-e- masika* (Retention faculty) which remains at the receiving end becomes unable to hold back the nutrients in the uterus for the efficient time till the *Quwat-e-Hazma* (Digestive faculty) act upon these nutrients to convert them into a matter suitable for assimilation and incorporation. This half blocked material subjugates *Hararat-e-Gharizia*. In relative deficiency of *Hararat-e-Gharizia*, *Hararat-e-Gharibia* overpowers the uterus and changes the accumulated uterine waste into infected material, which may be deviated from normalcy either in colour, consistency or odour. The changed form is irritative in nature and should be eliminated by the excretory power. When it flows out of genitals it causes burning, irritation and if accumulated causes ulceration in the cervix of uterus. This discharge flowing out of the genital tract is known as *Sailanur Rehm*.

TASHKHEES (Diagnosis)

Diagnosis is made by Swab method, the principle is that whichever humour is dominant is indicated in the swab. A sterile swab is kept overnight in the vagina of the patient, next morning it is dried in the shade. If the swab is dry and reddish in colour, these points towards the dominance of *Dam*, if the discharge on the swab is whitish in colour and the patient has symptoms of *Ghalba-e-balgham*, then it is presumed that *khilt-e-Balgham* is dominating. Similarly if swab turns yellowish in colour and there is foul smell in the discharge and patient also complains of excessive thirst this proves the dominance of *khilt-e-safra*. Where as if the vaginal discharge is of blackish in colour, turbid in consistency and the patient has complaints of lethargy and is also dehydrated it proves that *khilt-e-sauda* is dominating.^[4,8, 11,17,22]

TASHKHEES-E-FARIQA (Differential Diagnosis)

- ✓ *Sailan-e-Mani*
- ✓ *Hikkatul-e-Rehm*
- ✓ *Sartan-e-Rehm*
- ✓ *Bawaseer-e-Rehm*
- ✓ *Qurooh-e-Rehm*
- ✓ *Suzaak*
- ✓ *Busoor-e-Rehm*^[15, 30, 34]

USOOLE ILAJ (Principles of treatment)**1. Ilaj-Bil-Tadbeer (Physiotherapy)**

- ✓ Keep the patient in well ventilated room, Bed rest, Venesection (*fasd*) of Basilic vein, leeching.
- ✓ Maintain and give strength to all vital organs of body to improve the general health of the patients.
- ✓ Loose fitting undergarments preferably made of cotton should be used by the patients to keep the area aerated.
- ✓ Sympathetic attitude towards the ailments and the anxiety state should be removed.
- ✓ Local hygiene and sanitation should be maintained.

2. Ilaj-Bil-Ghiza (Dietotherapy)

- ✓ *Mufarrehat latif* (easily digestible foods) and beverages increased the *quwat-e-Ghazia* (nutritive power) of uterus. If the disease is due to the weakness of *quwat-e-Ghazia* then *Ghiza* should be *lateef*, *saree-ul-hazm* and should be advised like *Moong ki dal*, *Arhar ki dal*, *Maul lehm*, Green vegetables, and fruits like pomegranates, apples, grapes etc. Unani scholars *Abu Bakr Zakarya Razi* have also preferred this line of treatment.
- ✓ Parhez (Precautions):-*Baadi* and *sageel* food, Hot, spicy and bitter food, Excess food and water, Intercourse.

3. Ilaj-Bil-Dawa (Medical Treatment)

- ✓ If the disease appears due to the dominance of any one *Khilt* (humour) then disease should be first treated by *Munzij Mus'hil* Therapy (Concotive and purgative) and after that *farjazat* (suppositories) should be given. The treatment method of leucorrhoea is similar to the line of treatment of menorrhagia.
- ✓ If *warm-e-rehm* is cause of leucorrhoea, *Razi* advised enema of astringent drugs (*kaseli*). In the presence of general weakness the *Muqqawiyat* must be given.
- ✓ If caused by local vaginal infection, then treatment should be given to evacuate the morbid humour from the stomach and liver.
- ✓ In case of Anaemia, iron compound should be used.
- ✓ Digestion should be maintained and constipation in patients should be removed by laxatives.
- ✓ *Razi* mentioned *qaat-e-sailan* and *mushily-e-aab* drugs, having purgative properties for the excretion of water.

- ✓ Then cleansing of uterus is done by those cleaners which have astringent property.
- ✓ Astringent drugs used orally and locally as uterine enema preparations (douche).^[4,6,7,11,12,18,19]

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